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Page 1 of 12 Printed: 3/31/2003



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Т 0 STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS **CAPITOL HILL PROVIDENCE RI 02908**

BID	N	UM	BE	R:	B 0	219	9
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TITLE: AMBULANCE SERVICES **BID OPENING DATE AND TIME:**

> 04/18/2003 1:40 PM

BUYER: ALMA MILLER PHONE #: (401) 222 - 2142 ext. 124 BLANKET PERIOD: 7/1/03 - 6/30/06

HUMAN SERVICES Н **DHS VETERANS HOME** I **480 METACOM AVE** Р **BRISTOL RI 02809** Т

HUMAN SERVICES DHS VETERANS HOME BUSINESS OFFICE PO BOX 689 BRISTOL RI 02809

Requisition Number(s): R69G030779

TERMS OF PAYMENT:

tem	Class-Item	Quantity	Unit	Unit Price	Total
	BLANKET REQUIREMENTS 7/1/03-6/30/06				
	BIDDING				
	(a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State.				
	(b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered.				
	(c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost.				
	(d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request.				
	ORDERING				
	(a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period.				
	(b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.				

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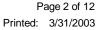
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HUMAN SERVICES DHS VETERANS HOME 480 METACOM AVE BRISTOL RI 02809

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Requisition Number(s): R69G030779

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	THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.				
	AN INSURANCE CERTIFICATE IN COMPLIANCE WITH PROVISIONS OF ITEM 31 (INSURANCE) OF THE GENERAL CONDITIONS OF PURCHASE IS REQUIRED FOR COMPREHENSIVE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS' COMPENSATION AND MUST BE SUBMITTED BY THE SUCCESSFUL BIDDER(S) TO THE DIVISION OF PURCHASES PRIOR TO AWARD. THE INSURANCE CERTIFICATE MUST NAME THE STATE OF RHODE ISLAND AS CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED. FAILURE TO COMPLY WITH THESE PROVISIONS MAY RESULT IN REJECTION OF THE OFFEROR'S BID. ANNUAL RENEWAL CERTIFICATES MUST BE SUBMITTED TO THE AGENCY IDENTIFIED ON THE PURCHASE ORDER. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION OF CONTRACT.				

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	DO NOT SIGN RID ON THIS PAGE!	
DELIVERY:	RIVIP VENDOR ID#:	_



Page 3 of 12 Printed: 3/31/2003



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS CAPITOL HILL PROVIDENCE RI 02908

BID NUMBER: B02199

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BID OPENING DATE AND TIME:

04/18/2003 1:40 PM

BUYER: ALMA MILLER PHONE #: (401) 222 - 2142 ext. 124
BLANKET PERIOD: 7/1/03 6/30/06

S HUMAN SERVICES
H DHS VETERANS HOME
I 480 METACOM AVE
P BRISTOL RI 02809

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Requisition Number(s): R69G030779

HUMAN SERVICES

BUSINESS OFFICE

BRISTOL RI 02809

PO BOX 689

TERMS OF PAYMENT:

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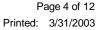
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DHS VETERANS HOME

ltem	Class-Item	Quantity	Unit	Unit Price	Total
	NOTE: IF THIS BID COVERS CONSTRUCTION, SCHOOL BUSING, HAZARDOUS WASTE, OR VESSEL OPERATION, APPLICABLE COVERAGES FROM THE FOLLOWING LIST MUST ALSO BE SUBMITTED TO THE DIVISION OF				
	PURCHASES PRIOR TO AWARD: * PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS) - \$1 MILLION OR 5% OF ESTIMATED PROJECT COST, WHICHEVER IS GREATER.				
	* BUILDER'S RISK INSURANCE - COVERAGE EQUAL TO FACE AMOUNT OF CONTRACT FOR CONSTRUCTION.				
	* SCHOOL BUSING - AUTO LIABILITY COVERAGE IN THE AMOUNT OF \$5 MILLION.				
	* ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL) - \$1 MILLION OR 5% OF FACE AMOUNT OF CONTRACT, WHICHEVER IS GREATER.				
	* VESSEL OPERATION - (MARINE OR AIRCRAFT) - PROTECTION & INDEMNITY COVERAGE REQUIRED IN THE AMOUNT OF \$1 MILLION.				
	AMBULANCE AND RESCUE SERVICE FOR THE RI VETERANS' HOME (ALS & BLS CARE).				

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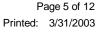
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T 0 **DHS VETERANS HOME**

Item	Class-Item	Quantity	Unit	Unit Price	Total
	ADVANCE LIFE SUPPORT SERVICES FROM THE RI VETERANS' HOME TO THE VETERANS' ADMINISTRATION HOSPITAL AND OTHER HOSPITALS IN THE PROVIDENCE AREA AS FOLLOWS: VENDOR MUST BE ON-SITE AT THE VETERANS' HOME WITHIN 10 MINUTES OF REQUEST CALL, 90% OF THE TIME ON ALS CALLS ONLY. PRICING FOR THE FOLLOWING TO BE PER TRIP.				
4.0	COST PER TRIP:	4.00			
2.0	7/1/03 - 6/30/04 - 1ST YEAR 7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
3.0	7/1/04 - 6/30/05 - 2ND YEAR 7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP TRIP		
3.0	COST OF OXYGEN ADMINISTRATION - COST PER TRIP:	1.00	INIF		
4.0	7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		

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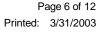
TERMS OF PAYMENT:

DHS VETERANS HOME

7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		
CARDIAC MONITOR - EKG DEFIBRILLATOR - COST PER TRIP:				
7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		
7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		
MEDICATION ADMINISTRATION - COST PER TRIP:				
7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		
7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
	CARDIAC MONITOR - EKG DEFIBRILLATOR - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR 7/1/04 - 6/30/05 - 2ND YEAR 7/1/05 - 6/30/06 - 3RD YEAR MEDICATION ADMINISTRATION - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR	CARDIAC MONITOR - EKG DEFIBRILLATOR - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR 1.00 7/1/04 - 6/30/05 - 2ND YEAR 1.00 7/1/05 - 6/30/06 - 3RD YEAR 1.00 MEDICATION ADMINISTRATION - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR 1.00	CARDIAC MONITOR - EKG DEFIBRILLATOR - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR 1.00 TRIP 7/1/04 - 6/30/05 - 2ND YEAR 1.00 TRIP 7/1/05 - 6/30/06 - 3RD YEAR 1.00 TRIP MEDICATION ADMINISTRATION - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR 1.00 TRIP	CARDIAC MONITOR - EKG DEFIBRILLATOR - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR 1.00 TRIP 7/1/04 - 6/30/05 - 2ND YEAR 1.00 TRIP 7/1/05 - 6/30/06 - 3RD YEAR 1.00 TRIP MEDICATION ADMINISTRATION - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR 1.00 TRIP TRIP

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P BRISTOL RI 02809

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Requisition Number(s): R69G030779

HUMAN SERVICES

BUSINESS OFFICE

BRISTOL RI 02809

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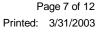
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Item	Class-Item	Quantity	Unit	Unit Price	Total
12.0	7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		
	ENDOTRACHEAL INTUBATION - COST PER TRIP:				
13.0	7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		
14.0	7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
15.0	7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		
	INTRAVENOUS INFUSION - COST PER TRIP:				
16.0	7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		
17.0	7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
18.0	7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		
	ANTISHOCK GARMENT - COST PER TRIP:				

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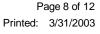
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Item	Class-Item	Quantity	Unit	Unit Price	Total
19.0	7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		
19.0	771703 - 0/30/04 - 131 TEAK	1.00	IKIF		
20.0	7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
21.0	7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		
	BASIC LIFE SUPPORT AMBULANCE TRANSPORTATION SERVICES FROM THE RI VETERANS' HOME TO THE VETERANS' ADMINISTRATION HOSPITAL AND OTHER HOSPITALS IN THE PROVIDENCE AREA.				
	TRIP CATEGORY #1 - ROUTINE TRIPS FOR STRETCHER CASE PATIENTS.				
	WITH NO PRIOR SCHEDULING - COST PER TRIP:				
22.0	7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		
23.0	7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
24.0	7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		

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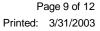
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Class-Item	Quantity	Unit	Unit Price	Total
WITH PRIOR SCHEDULING - COST PER TRIP:				
7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		
7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		
TRIP CATEGORY #2 - ROUTINE TRIPS FOR WHEELCHAIR PATIENTS (NON-STRETCHER BUT NOT AMBULATORY).				
WITH NO PRIOR SCHEDULING - COST PER TRIP:				
7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		
7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		-
7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		
	7/1/03 - 6/30/04 - 1ST YEAR 7/1/04 - 6/30/05 - 2ND YEAR 7/1/05 - 6/30/06 - 3RD YEAR TRIP CATEGORY #2 - ROUTINE TRIPS FOR WHEELCHAIR PATIENTS (NON-STRETCHER BUT NOT AMBULATORY). WITH NO PRIOR SCHEDULING - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR 7/1/04 - 6/30/05 - 2ND YEAR	WITH PRIOR SCHEDULING - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR 1.00 7/1/04 - 6/30/05 - 2ND YEAR 1.00 TRIP CATEGORY #2 - ROUTINE TRIPS FOR WHEELCHAIR PATIENTS (NON-STRETCHER BUT NOT AMBULATORY). WITH NO PRIOR SCHEDULING - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR 1.00 7/1/04 - 6/30/05 - 2ND YEAR 1.00	WITH PRIOR SCHEDULING - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR 1.00 TRIP 7/1/04 - 6/30/05 - 2ND YEAR 1.00 TRIP 7/1/05 - 6/30/06 - 3RD YEAR 1.00 TRIP TRIP CATEGORY #2 - ROUTINE TRIPS FOR WHEELCHAIR PATIENTS (NON-STRETCHER BUT NOT AMBULATORY). WITH NO PRIOR SCHEDULING - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR 1.00 TRIP 7/1/04 - 6/30/05 - 2ND YEAR 1.00 TRIP	WITH PRIOR SCHEDULING - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR 1.00 TRIP 7/1/04 - 6/30/05 - 2ND YEAR 1.00 TRIP 7/1/05 - 6/30/06 - 3RD YEAR 1.00 TRIP TRIP CATEGORY #2 - ROUTINE TRIPS FOR WHEELCHAIR PATIENTS (NON-STRETCHER BUT NOT AMBULATORY). WITH NO PRIOR SCHEDULING - COST PER TRIP: 7/1/03 - 6/30/04 - 1ST YEAR 1.00 TRIP 7/1/04 - 6/30/05 - 2ND YEAR 1.00 TRIP

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Item	Class-Item	Quantity	Unit	Unit Price	Total
	WITH PRIOR SCHEDULING - COST PER TRIP:				
31.0	7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		
32.0	7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		-
33.0	7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		
	COST OF AN ADDITIONAL PATIENT ON SAME TRIP - CATEGORY #1 - PRICE PER TRIP:				
34.0	7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		
35.0	7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
36.0	7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		
	COST OF OXYGEN ADMINISTRATION - CATEGORY #1 - COST PER TRIP:				

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Item	Class-Item	Quantity	Unit	Unit Price	Total
37.0	7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		
38.0	7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
39.0	7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		
	CATEGORY #2 ADDITIONAL PATIENT ON SAME TRIP - COST PER TRIP:				
40.0	7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		
41.0	7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
42.0	7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		
	COST OF OXYGEN ADMINISTRATION - CATEGORY #2 - COST PER TRIP:				
43.0	7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		

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HUMAN SERVICES Н **DHS VETERANS HOME** ı **480 METACOM AVE BRISTOL RI 02809** Ρ

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Requisition Number(s) D60C020770

HUMAN SERVICES

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DHS VETERANS HOME

Item	Class-Item	Quantity	Unit	Unit Price	Total
44.0	7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
45.0	7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		
	WAITING TIME - CATEGORY #1 - COST PER TRIP:				
46.0	7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		
47.0	7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
48.0	7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		
	WAITING TIME - CATEGORY #2 - COST PER TRIP:				
49.0	7/1/03 - 6/30/04 - 1ST YEAR	1.00	TRIP		
50.0	7/1/04 - 6/30/05 - 2ND YEAR	1.00	TRIP		
51.0	7/1/05 - 6/30/06 - 3RD YEAR	1.00	TRIP		

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer.

DELIVERY:	RIVIP VENDOR ID#:



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS CAPITOL HILL

BID NUMBER:	B02199
TITLE: AMBULANCE	SERVICES
BID OPENING	DATE AND TIME:

04/18/2003 1:40 PM

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BUYER: ALMA MILLER PHONE #: (401) 222 - 2142 ext. 124
BLANKET PERIOD: 7/1/03 - 6/30/06

S H I	HUMAN SERVICES DHS VETERANS HOME 480 METACOM AVE BRISTOL RI 02809
т	
0	

B HUMAN SERVICES
I DHS VETERANS HOME
L BUSINESS OFFICE
PO BOX 689
BRISTOL RI 02809
T

Requisition Number(s): R69G030779

TERMS OF PAYMENT:

Item	Class-Item	Quantity	Unit	Unit Price	Total
	DELIVERY OF GOODS OR SERVICES AS REQUESTED BY				
	AGENCY.			TOTAL:	

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer.